



# CERTIFICATE OF LIABILITY INSURANCE

HIGHP-4 OP ID: SV

DATE (MM/DD/YYYY)

05/20/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Insurance Management Group Inc P.O. Box 3609 Ocean City, MD 21843 Reese Cropper, III	<b>CONTACT NAME:</b> Reese Cropper, III <b>PHONE (A/C No., Ext):</b> 410-524-5700 <b>E-MAIL ADDRESS:</b> rcropper@imgoc.com	<b>FAX (A/C, No):</b> 410-524-7769
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> High Point North Condominium Tom Downey, Manager 11400 Coastal Highway Ocean City, MD 21842	<b>INSURER A :</b> Lexington Insurance Company	
	<b>INSURER B :</b> Greenwich Insurance Company	
	<b>INSURER C :</b> Chesapeake Employers Ins Co.	
	<b>INSURER D :</b> CNA Insurance Companies	
	<b>INSURER E :</b> Selective Flood	
<b>INSURER F :</b>		<b>NAIC #</b> 11039 20427

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Hired/Non owned GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			41LX003321174-7	03/28/2015	03/28/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7443516	03/28/2015	03/28/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	4603400	03/28/2015	03/28/2016	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property RC			41LX003321174-7	03/28/2015	03/28/2016	Property 24,660,000
D	Crime			0251075547	03/28/2015	03/28/2016	AOP Ded 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Unitowner John McCaleb, Loan #2429582201  
 Certificate holder is listed as mortgagee on above unit.

**CERTIFICATE HOLDER****CANCELLATION**

Suntrust Mortgage Its Succ/&or Assigns, ATIMA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Reese Cropper, III
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**NOTEPAD**

INSURED'S NAME High Point North Condominium

HIGHP-4  
OP ID: SV

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Flood - Selective Insurance 07/20/2014-15  
Limit - \$24,860,000  
Deductible \$2,000  
Flood policy is Replacement cost  
Flood Zone is AE - GRANDFATHERED - Current zone V7

Crime (Fidelity) Coverage, CNA policy #0251075547, \$250,000, 3/28/15-16

137 Units

RCBAP

Single Entity - Units are insured as originally conveyed by the developer  
excluding betterments & improvements.  
Replacement cost is up to the limits shown.

Wind/Hail Covered \$493,200 deductible



INSURANCE MANAGEMENT GROUP INC  
PO BOX 3609  
OCEAN CITY, MD 21843-3609

NFIP Policy Number: FLD1020797  
Company Policy Number: FLD1020797  
Agent: INSURANCE MANAGEMENT GROUP INC



Policy Term: 07/20/2015 12:01 AM through 07/20/2016 12:01 AM  
Renewal Billing Payor: INSURED  
To report a claim, call: (877) 348-0552  
Agency Phone: (410) 524-5700

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

### RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

**DELIVERY ADDRESS**

\*\*\*\*\*AUTO\*\*MIXED AADC 598  
001241 0.5530 MB 00.439 6 9 11  
HIGH POINT NORTH CONDOMINIUM ASSN / & THE UNIT OW<sup>6/124</sup>  
11400 COASTAL HIGHWAY  
OCEAN CITY MD 21842-1170

**INSUREE NAME(S) AND MAILING ADDRESS**

HIGH POINT NORTH CONDOMINIUM ASSN / & THE UNIT OWNERS ATIMA  
11400 COASTAL HIGHWAY  
OCEAN CITY, MD 21842



**COMPANY MAILING ADDRESS**

SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST  
PO BOX 782747  
PHILADELPHIA, PA 19178-2747

**PROPERTY LOCATION**

11400 COASTAL HIGHWAY  
OCEAN CITY, MD 21842

**DESCRIPTION: CONDO**

**RATING INFORMATION**

BUILDING OCCUPANCY: OTHER RESIDENTIAL  
CONDOMINIUM INDICATOR: RCBAP HIGH RISE  
NUMBER OF UNITS: 137  
PRIMARY RESIDENCE: NO  
ADDITIONS/EXTENSIONS: N/A  
BUILDING TYPE: THREE OR MORE FLOORS  
ELEVATED BUILDING TYPE: ELEVATED  
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: FINISHED ENCLOSURE WITHOUT PROPER OPENINGS

DATE OF CONSTRUCTION: 07/01/1970  
COMMUNITY NUMBER: 245207 0003 F REGULAR PROGRAM  
COMMUNITY NAME: OCEAN CITY, TOWN OF  
CURRENT FLOOD ZONE: V07  
GRANDFATHERED: YES  
FLOOD RISK/RATED ZONE: AE  
ELEVATION DIFFERENCE: N/A  
REPLACEMENT COST: \$24,860,000

**MORTGAGEE / ADDITIONAL INTEREST INFORMATION**

FIRST MORTGAGEE:

LOAN NUMBER: N/A

SECOND MORTGAGEE:

LOAN NUMBER: N/A

ADDITIONAL INTEREST:

LOAN NUMBER: N/A

DISASTER AGENCY:

CASE FILE NUMBER: N/A

DISASTER AGENCY:

**PREMIUM CALCULATION —Pre-FIRM Subsidized**

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$24,860,000	\$2,000	\$175,000	1.060	\$24,685,000	0.280	\$0.00	\$70,973.00
CONTENTS	\$0	\$0	\$0	1.120	\$0	1.440	\$0.00	\$0.00

Standard

Coverage limitations may apply. See your policy form for details.

ANNUAL SUBTOTAL:	\$70,973.00
INCREASED COST OF COMPLIANCE:	\$70.00
COMMUNITY RATING DISCOUNT: 15%	(\$10,656.00)
RESERVE FUND ASSESSMENT: 15.0%	\$9,058.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$69,445.00
HFAIA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEL:	\$1,800.00
TOTAL:	\$71,495.00

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

Michael H. Lanza / Secretary

Gregory E. Murphy / Chairman

Zero Balance Due  
This Is Not A Bill

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

This is a Residential Condominium Building Association Policy II, at the time of the loss, the building is not insured within 80% of the replacement cost of the building or the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement.

Policy issued by SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST



File: 7033193

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